TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: MH
APPLICATION YEAR: 2009

MCH BUDGET DETAILS FOR FY 2009

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MH

1. FEDERAL ALLOCATION
(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:
$ \qquad $ 252,495

  A. Preventive and primary care for children:

  $ \qquad $ 75,749 (\qquad 30 %)

  B. Children with special health care needs:

  $ \qquad $ 75,749 (\qquad 30 %)
  (If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

  C. Title V admininstrative costs:

  $ \qquad $ 25,249 (\qquad 10 %)
(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424) $ \qquad $ 0

3. STATE MCH FUNDS (Item 15c of the SF 424) $ \qquad $ 189,372

4. LOCAL MCH FUNDS (Item 15d of SF 424) $ \qquad $ 0

5. OTHER FUNDS (Item 15e of SF 424) $ \qquad $ 0

6. PROGRAM INCOME (Item 15f of SF 424) $ \qquad $ 0

7. TOTAL STATE MATCH (Lines 3 through 6) $ \qquad $ 189,372
(Below is your State's FY 1989 Maintenence of Effort Amount)
$ \qquad $ 175,745

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) $ \qquad $ 441,867
(Total lines 1 through 6. Same as line 15g of SF 424)

9. OTHER FEDERAL FUNDS
(Funds under the control of the person responsible for the administration of the Title V program)

  a. SPRANS: $ \qquad $ 0

  b. SSDI: $ \qquad $ 0

  c. CISS: $ \qquad $ 50,000

  d. Abstinence Education: $ \qquad $ 0

  e. Healthy Start: $ \qquad $ 0

  f. EMSC: $ \qquad $ 0

  g. WIC: $ \qquad $ 0

  h. AIDS: $ \qquad $ 0

  i. CDC: $ \qquad $ 641,349

  j. Education: $ \qquad $ 0

  k. Other:

  330+FP $ \qquad $ 297,375

  CSAP $ \qquad $ 100,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) $ \qquad $ 1,088,724

11. STATE MCH BUDGET TOTAL $ \qquad $ 1,530,591
(Partnership subtotal + Other Federal MCH Funds subtotal)

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506((a)(I-3)]
STATE: MH

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation *(Line1, Form 2)*	$ 242,082	$ 242,082	$ 252,495	$ 252,495	$ 252,495	$ 252,495
2. Unobligated Balance *(Line2, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
3. State Funds *(Line3, Form 2)*	$ 181,562	$ 181,562	$ 189,372	$ 189,372	$ 189,372	$ 189,372
4. Local MCH Funds *(Line4, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
5. Other Funds *(Line5, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
6. Program Income *(Line6, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
7. Subtotal *(Line8, Form 2)*	$ 423,644	$ 423,644	$ 441,867	$ 441,867	$ 441,867	$ 441,867
	(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)					
8. Other Federal Funds *(Line10, Form 2)*	$ 1,188,724	$ 1,173,024	$ 1,173,024	$ 1,173,024	$ 1,173,024	$ 1,173,024
9. Total *(Line11, Form 2)*	$ 1,612,368	$ 1,596,668	$ 1,614,891	$ 1,614,891	$ 1,614,891	$ 1,614,891
	(STATE MCH BUDGET TOTAL)					

FORM 3

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: MH

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation *(Line1, Form 2)*	$ 252,495	$ 252,495	$ 252,495	$ 0	$ 252,495	$ 0
2. Unobligated Balance *(Line2, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
3. State Funds *(Line3, Form 2)*	$ 189,372	$ 189,372	$ 189,372	$ 0	$ 189,372	$ 0
4. Local MCH Funds *(Line4, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
5. Other Funds *(Line5, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
6. Program Income *(Line6, Form 2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
7. Subtotal *(Line8, Form 2)*	$ 441,867	$ 441,867	$ 441,867	$ 0	$ 441,867	$ 0
	(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)					
8. Other Federal Funds *(Line10, Form 2)*	$ 1,173,024	$ 1,173,024	$ 1,088,724	$ 0	$ 1,088,724	$ 0
9. Total *(Line11, Form 2)*	$ 1,614,891	$ 1,614,891	$ 1,530,591	$ 0	$ 1,530,591	$ 0
	(STATE MCH BUDGET TOTAL)					

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MH

I. Federal-State MCH Block Grant Partnership	FY 2004 BUDGETED	FY 2004 EXPENDED	FY 2005 BUDGETED	FY 2005 EXPENDED	FY 2006 BUDGETED	FY 2006 EXPENDED
a. Pregnant Women	$ 100,000	$ 100,000	$ 108,907	$ 108,907	$ 108,907	$ 108,907
b. Infants < 1 year old	$ 85,000	$ 85,000	$ 86,274	$ 86,274	$ 86,274	$ 86,274
c. Children 1 to 22 years old	$ 141,811	$ 141,811	$ 141,811	$ 141,811	$ 141,811	$ 141,811
d. Children with Special Healthcare Needs	$ 72,625	$ 72,625	$ 79,625	$ 79,625	$ 79,625	$ 79,625
e. Others	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
f. Administration	$ 24,208	$ 24,208	$ 25,250	$ 25,250	$ 25,250	$ 25,250
g. SUBTOTAL	$ 423,644	$ 423,644	$ 441,867	$ 441,867	$ 441,867	$ 441,867

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).			
a. SPRANS	$ 0	$ 0	$ 0
b. SSDI	$ 100,000	$ 84,300	$ 84,300
c. CISS	$ 50,000	$ 50,000	$ 50,000
d. Abstinence Education	$ 0	$ 0	$ 0
e. Healthy Start	$ 0	$ 0	$ 0
f. EMSC	$ 0	$ 0	$ 0
g. WIC	$ 0	$ 0	$ 0
h. AIDS	$ 0	$ 0	$ 0
i. CDC	$ 641,349	$ 641,349	$ 641,349
j. Education	$ 0	$ 0	$ 0
k.Other			
330 + FP	$ 0	$ 297,375	$ 297,375
CSAP	$ 100,000	$ 100,000	$ 100,000
330+FP	$ 297,375	$ 0	$ 0
III. SUBTOTAL	$ 1,188,724	$ 1,173,024	$ 1,173,024

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
[Secs 506(2)(2)(iv)]
STATE: MH

I. Federal-State MCH Block Grant Partnership	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	$ 108,907	$ 108,907	$ 108,907	$ 0	$ 108,907	$ 0
b. Infants < 1 year old	$ 86,274	$ 86,274	$ 86,274	$ 0	$ 86,274	$ 0
c. Children 1 to 22 years old	$ 141,811	$ 141,811	$ 141,811	$ 0	$ 141,811	$ 0
d. Children with Special Healthcare Needs	$ 79,625	$ 79,625	$ 79,625	$ 0	$ 79,625	$ 0
e. Others	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
f. Administration	$ 25,250	$ 25,250	$ 25,250	$ 0	$ 25,250	$ 0
g. SUBTOTAL	$ 441,867	$ 441,867	$ 441,867	$ 0	$ 441,867	$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).			
a. SPRANS	$ 0	$ 0	$ 0
b. SSDI	$ 84,300	$ 0	$ 0
c. CISS	$ 50,000	$ 50,000	$ 50,000
d. Abstinence Education	$ 0	$ 0	$ 0
e. Healthy Start	$ 0	$ 0	$ 0
f. EMSC	$ 0	$ 0	$ 0
g. WIC	$ 0	$ 0	$ 0
h. AIDS	$ 0	$ 0	$ 0
i. CDC	$ 641,349	$ 641,349	$ 641,349
j. Education	$ 0	$ 0	$ 0
k.Other			
330+FP	$ 0	$ 0	$ 297,375
CSAP	$ 100,000	$ 100,000	$ 100,000
330 + FP	$ 297,375	$ 297,375	$ 0
III. SUBTOTAL	$ 1,173,024	$ 1,088,724	$ 1,088,724

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MH

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	$ 0	$ 135,000	$ 123,973	$ 123,973	$ 123,973	$ 123,973
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	$ 0	$ 80,000	$ 90,000	$ 90,000	$ 90,000	$ 90,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	$ 0	$ 125,000	$ 125,250	$ 125,250	$ 125,250	$ 125,250
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	$ 0	$ 83,644	$ 102,644	$ 102,644	$ 102,644	$ 102,644
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	$ 0	$ 423,644	$ 441,867	$ 441,867	$ 441,867	$ 441,867

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	**EXPENDED**	**BUDGETED**	**EXPENDED**	**BUDGETED**	**EXPENDED**
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	$ 123,973	$ 123,973	$ 123,973	$ 0	$ 123,973	$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	$ 90,000	$ 90,000	$ 90,000	$ 0	$ 90,000	$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	$ 125,250	$ 125,250	$ 125,250	$ 0	$ 125,250	$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	$ 102,644	$ 102,644	$ 102,644	$ 0	$ 102,644	$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	$ 441,867	$ 441,867	$ 441,867	$ 0	$ 441,867	$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: MH

Total Births by Occurrence:	1,552		Reporting Year: 2007

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
N/A	0		0	0	0	
Women(pap smear screening)	1,552		0	0	0	

(1) Use occurrent births as denominator.
(2) Report only those from resident births.
(3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
    Field Name: Phenylketonuria_OneScreenNo
    Row Name: Phenylketonuria
    Column Name: Receiving at least one screen
    Year: 2009
    Field Note:
    N/A. RMI does not perform this test.

2. **Section Number:** Main
    Field Name: Congenital_OneScreenNo
    Row Name: Congenital
    Column Name: Receiving at least one screen
    Year: 2009
    Field Note:
    N/A. This test is not available in the RMI.

3. **Section Number:** Main
    Field Name: Galactosemia_OneScreenNo
    Row Name: Galactosemia
    Column Name: Receiving at least one screen
    Year: 2009
    Field Note:
    N/A. The test is available in the RM.

4. **Section Number:** Main
    Field Name: SickleCellDisease_OneScreenNo
    Row Name: SickleCellDisease
    Column Name: Receiving at least one screen
    Year: 2009
    Field Note:
    N/A This test is not available in the RMI.

5. **Section Number:** Main
    Field Name: Phenylketonuria_Presumptive
    Row Name: Phenylketonuria
    Column Name: Presumptive positive screens
    Year: 2009
    Field Note:
    N/A. This test is not available in the RMI.

6. **Section Number:** Main
    Field Name: Congenital_Presumptive
    Row Name: Congenital
    Column Name: Presumptive positive screens
    Year: 2009
    Field Note:
    N/A. This test is not available in the RMI.

7. **Section Number:** Main
    Field Name: Galactosemia_Presumptive
    Row Name: Galactosemia
    Column Name: Presumptive positive screens
    Year: 2009
    Field Note:
    N/A. This test is not available in the RMI.

8. **Section Number:** Main
    Field Name: SickleCellDisease_Presumptive
    Row Name: SickleCellDisease
    Column Name: Presumptive positive screens
    Year: 2009
    Field Note:
    N/A. The test is not available in the RMI.

9. **Section Number:** Main
    Field Name: Phenylketonuria_Confirmed
    Row Name: Phenylketonuria
    Column Name: Confirmed Cases
    Year: 2009
    Field Note:
    N/A

10. **Section Number:** Main
    Field Name: Congenital_Confirmed
    Row Name: Congenital
    Column Name: Confirmed Cases
    Year: 2009
    Field Note:
    N/A.

11. **Section Number:** Main
    Field Name: Galactosemia_Confirmed
    Row Name: Galactosemia
    Column Name: Confirmed Cases
    Year: 2009
    Field Note:
    N/A.

12. **Section Number:** Main
    Field Name: SickleCellDisease_Confirmed
    Row Name: SickleCellDisease

Column Name: Confirmed Cases
Year: 2009
Field Note:
N/A.

13. **Section Number:** Main
    Field Name: Phenylketonuria_TreatmentNo
    Row Name: Phenylketonuria
    Column Name: Needing treatment that received treatment
    Year: 2009
    Field Note:
    N/A

14. **Section Number:** Main
    Field Name: Congenital_TreatmentNo
    Row Name: Congenital
    Column Name: Needing treatment that received treatment
    Year: 2009
    Field Note:
    N/A

15. **Section Number:** Main
    Field Name: Galactosemia_TreatmentNo
    Row Name: Galactosemia
    Column Name: Needing treatment that received treatment
    Year: 2009
    Field Note:
    N/A

16. **Section Number:** Main
    Field Name: SickleCellDisease_TreatmentNo
    Row Name: SickleCellDisease
    Column Name: Needing treatment that received treatment
    Year: 2009
    Field Note:
    N/A

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)
[Sec. 506(a)(2)(A)(i-ii)]
STATE: MH

Reporting Year: 2007

Types of Individuals Served	TITLE V (A) Total Served	PRIMARY SOURCES OF COVERAGE (B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,552					
Infants < 1 year old	7,632					
Children 1 to 22 years old	20,727					
Children with Special Healthcare Needs	241					
Others						
TOTAL	30,152					

FORM NOTES FOR FORM 7

For the RMI, this does not applied to RMI.

FIELD LEVEL NOTES

1. **Section Number:** Main
   Field Name: PregWomen_TS
   Row Name: Pregnant Women
   Column Name: Title V Total Served
   Year: 2009
   Field Note:
   This total pregnant women served by Title V.

2. **Section Number:** Main
   Field Name: PregWomen_XIX
   Row Name: Pregnant Women
   Column Name: Title XIX %
   Year: 2009
   Field Note:
   Not applicable to the RMI since RMI does not have Ttile XIX.

3. **Section Number:** Main
   Field Name: PregWomen_XXI
   Row Name: Pregnant Women
   Column Name: Title XXI %
   Year: 2009
   Field Note:
   No applicable to the RMI since we do not have XXI.

4. **Section Number:** Main
   Field Name: PregWomen_Private
   Row Name: Pregnant Women
   Column Name: Private/Other %
   Year: 2009
   Field Note:
   Not applicable to the RMI since we do not have XXI.

5. **Section Number:** Main
   Field Name: PregWomen_None
   Row Name: Pregnant Women
   Column Name: None %
   Year: 2009
   Field Note:
   No applicable to the RMI.

6. **Section Number:** Main
   Field Name: PregWomen_Unknown
   Row Name: Pregnant Women
   Column Name: Unknown %
   Year: 2009
   Field Note:
   Not applicale to the RMI since no XXI.

7. **Section Number:** Main
   Field Name: Children_0_1_TS
   Row Name: Infants <1 year of age
   Column Name: Title V Total Served
   Year: 2009
   Field Note:
   Number of <1yr of age.

8. **Section Number:** Main
   Field Name: Children_0_1_XIX
   Row Name: Infants <1 year of age
   Column Name: Title XIX %
   Year: 2009
   Field Note:
   Not applicable to the RMI since it does not have XIX.

9. **Section Number:** Main
   Field Name: Children_0_1_XXI
   Row Name: Infants <1 year of age
   Column Name: Title XXI %
   Year: 2009
   Field Note:
   Not applicable tot he RMI.

10. **Section Number:** Main
    Field Name: Children_0_1_Private
    Row Name: Infants <1 year of age
    Column Name: Private/Other %
    Year: 2009
    Field Note:
    Not applicable to the RMI.

11. **Section Number:** Main
    Field Name: Children_0_1_None
    Row Name: Infants <1 year of age
    Column Name: None %
    Year: 2009
    Field Note:
    Not applicable to the RMI.

12. **Section Number:** Main
    Field Name: Children_0_1_Unknown
    Row Name: Infants <1 year of age

Column Name: Unknown %
Year: 2009
Field Note:
Not applicable to the RMI.

13. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2009
Field Note:
Data for 2006(up-date) next reporting cycle.

14. **Section Number:** Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2009
Field Note:
Not applicable to the RMI since it not have XIX.

15. **Section Number:** Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2009
Field Note:
Not applicable to the RMI.

16. **Section Number:** Main
Field Name: Children_1_22_Private
Row Name: Children 1 to 22 years of age
Column Name: Private/Other %
Year: 2009
Field Note:
Not applicable to the RMI.

17. **Section Number:** Main
Field Name: Children_1_22_None
Row Name: Children 1 to 22 years of age
Column Name: None %
Year: 2009
Field Note:
Not applicable to the RMI.

18. **Section Number:** Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2009
Field Note:
Not applicable to the RMI.

19. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2009
Field Note:
Number of CSHCN served by Title V.

20. **Section Number:** Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2009
Field Note:
Not applicable to the RMI.

21. **Section Number:** Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2009
Field Note:
Not applicable to the RMI.

22. **Section Number:** Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2009
Field Note:
No applicable to the RMI.

23. **Section Number:** Main
Field Name: CSHCN_None
Row Name: Children with Special Health Care Needs
Column Name: None %
Year: 2009
Field Note:
Not applicable to the RMI.

24. **Section Number:** Main
Field Name: CSHCN_Unknown
Row Name: Children with Special Health Care Needs

Column Name: Unknown %
Year: 2009
Field Note:
Not applicable to the RMI.

25. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2009
Field Note:
Data in 2006 (up-date in the next reporting cycle).

26. **Section Number:** Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2009
Field Note:
not applicable to the RMI.

27. **Section Number:** Main
Field Name: AllOthers_XXI
Row Name: Others
Column Name: Title XXI %
Year: 2009
Field Note:
Not applicable to the RMI.

28. **Section Number:** Main
Field Name: AllOthers_Private
Row Name: Others
Column Name: Private/Other %
Year: 2009
Field Note:
Not applicable to the RMI.

29. **Section Number:** Main
Field Name: AllOthers_None
Row Name: Others
Column Name: None %
Year: 2009
Field Note:
Not applicable to the RMI.

30. **Section Number:** Main
Field Name: AllOthers_Unknown
Row Name: Others
Column Name: Unknown %
Year: 2009
Field Note:
Not applicable to the RMI.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MH

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,552	6	0	0	11	1,535	0	0
Title V Served	1,552	6	0	0	11	1,535	0	0
Eligible for Title XIX	1,546	0	0	0	11	1,535	0	0
INFANTS								
Total Infants in State	7,632	0	0	0	0	7,632	0	0
Title V Served	7,632	0	0	0	0	7,632	0	0
Eligible for Title XIX	7,632	0	0	0	0	7,632	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
DELIVERIES								
Total Deliveries in State	1,552	0	0	0	0	0	0	0
Title V Served	1,552	0	0	0	0	0	0	0
Eligible for Title XIX	1,552	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	7,632	0	0	0	0	0	0	0
Title V Served	7,632	0	0	0	0	0	0	0
Eligible for Title XIX	7,632	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTotal_White
    Row Name: Total Deliveries in State
    Column Name: White
    Year: 2009
    Field Note:
    Data based on only Title V Served alone.

2. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTotal_Black
    Row Name: Total Deliveries in State
    Column Name: Black or African American
    Year: 2009
    Field Note:
    Not applicable to the RMI.

3. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTotal_Indian
    Row Name: Total Deliveries in State
    Column Name: American Indian or Native American
    Year: 2009
    Field Note:
    No data available yet.

4. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTotal_Asian
    Row Name: Total Deliveries in State
    Column Name: Asian
    Year: 2009
    Field Note:
    Not Applicable to the RMI.

5. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTotal_More
    Row Name: Total Deliveries in State
    Column Name: More Than One Race Reported
    Year: 2009
    Field Note:
    Not applicable to the RMI.

6. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTotal_RaceOther
    Row Name: Total Deliveries in State
    Column Name: Other and Unknown
    Year: 2009
    Field Note:
    Not applicable to the RMI.

7. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleV_White
    Row Name: Title V Served
    Column Name: White
    Year: 2009
    Field Note:
    Data is not available, we will provide in the next reporting cycle, since RMI data on race is not really specified.

8. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleV_Black
    Row Name: Title V Served
    Column Name: Black or African American
    Year: 2009
    Field Note:
    Not applicable to the RMI.

9. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleV_Indian
    Row Name: Title V Served
    Column Name: American Indian or Native American
    Year: 2009
    Field Note:
    Not applicable to the RMI.

10. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleV_Asian
    Row Name: Title V Served
    Column Name: Asian
    Year: 2009
    Field Note:
    Not applicable to the RMI.

11. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleV_More
    Row Name: Title V Served
    Column Name: More Than One Race Reported
    Year: 2009
    Field Note:
    Not applicable to the RMI.

12. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleV_RaceOther
    Row Name: Title V Served

Column Name: Other and Unknown
Year: 2009
Field Note:
Not applicabl to the RMI.

13. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_All
    Row Name: Eligible for Title XIX
    Column Name: Total All Races
    Year: 2009
    Field Note:
    Not applicable to the RMI since we do not have Title XIX.

14. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_White
    Row Name: Eligible for Title XIX
    Column Name: White
    Year: 2009
    Field Note:
    Not applicable to the RMI.

15. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_Black
    Row Name: Eligible for Title XIX
    Column Name: Black or African American
    Year: 2009
    Field Note:
    Not applicable to the RMI.

16. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_Indian
    Row Name: Eligible for Title XIX
    Column Name: American Indian or Native American
    Year: 2009
    Field Note:
    Not applicable to the RMI.

17. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_Asian
    Row Name: Eligible for Title XIX
    Column Name: Asian
    Year: 2009
    Field Note:
    Not applicable to the RMI.

18. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_Hawaiian
    Row Name: Eligible for Title XIX
    Column Name: Native Hawaiian or Other Pacific Islander
    Year: 2009
    Field Note:
    Not applicable to the RMI.

19. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_More
    Row Name: Eligible for Title XIX
    Column Name: More Than One Race Reported
    Year: 2009
    Field Note:
    Not applicable to the RMI.

20. **Section Number:** I. Unduplicated Count By Race
    Field Name: DeliveriesTitleXIX_RaceOther
    Row Name: Eligible for Title XIX
    Column Name: Other and Unknown
    Year: 2009
    Field Note:
    Not applicable to the RMI.

21. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTotal_All
    Row Name: Total Infants in State
    Column Name: Total All Races
    Year: 2009
    Field Note:
    Data here includes those infant s<1yr old plus those born in 2007.

22. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTotal_White
    Row Name: Total Infants in State
    Column Name: White
    Year: 2009
    Field Note:
    It is difficult to come up with exact number with races since RMI data does not include race break down.

23. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTotal_Black
    Row Name: Total Infants in State
    Column Name: Black or African American
    Year: 2009
    Field Note:
    Not applicable to the RMI.

24. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTotal_Indian
    Row Name: Total Infants in State

Column Name: American Indian or Native American
Year: 2009
Field Note:
Not applicable to the RMI.

25. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Asian
Row Name: Total Infants in State
Column Name: Asian
Year: 2009
Field Note:
Not applicabl eto the RMI.

26. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2009
Field Note:
Not applicable to the RMI.

27. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2009
Field Note:
Not applicable to the RMI.

28. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2009
Field Note:
The total number of infant served under RMI Title V during this period.

29. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2009
Field Note:
Not applicable to the RMI.

30. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2009
Field Note:
Not applicable to the RMI.

31. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2009
Field Note:
Not applicable to the RMI.

32. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2009
Field Note:
Not applicable to the RMI.

33. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2009
Field Note:
No applicable to the RMI.

34. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2009
Field Note:
Does not applicable to the RMI.

35. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2009
Field Note:
Not applicable to the RMI since RMI does not eligible for Title XIX.

36. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_White
Row Name: Eligible for Title XIX

Column Name: White
Year: 2009
Field Note:
RMI does not have XIX.

37. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTitleXIX_Black
    Row Name: Eligible for Title XIX
    Column Name: Black or African American
    Year: 2009
    Field Note:
    Not applicable to the RMI.

38. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTitleXIX_Indian
    Row Name: Eligible for Title XIX
    Column Name: American Indian or Native American
    Year: 2009
    Field Note:
    Not applicable tot he RMI since RMI does not have Title XIX.

39. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTitleXIX_Asian
    Row Name: Eligible for Title XIX
    Column Name: Asian
    Year: 2009
    Field Note:
    Not applicable to the RMI.

40. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTitleXIX_Hawaiian
    Row Name: Eligible for Title XIX
    Column Name: Native Hawaiian or Other Pacific Islander
    Year: 2009
    Field Note:
    Not applicable to the RMI since RMI does not have Title XIX.

41. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTitleXIX_More
    Row Name: Eligible for Title XIX
    Column Name: More Than One Race Reported
    Year: 2009
    Field Note:
    Not applicable to the RMI.

42. **Section Number:** I. Unduplicated Count By Race
    Field Name: InfantsTitleXIX_RaceOther
    Row Name: Eligible for Title XIX
    Column Name: Other and Unknown
    Year: 2009
    Field Note:
    Not applicable tot he RMI.

43. **Section Number:** II. Unduplicated Count by Ethnicity
    Field Name: DeliveriesTotal_TotalNotHispanic
    Row Name: Total Deliveries in State
    Column Name: Total Not Hispanic or Latino
    Year: 2009
    Field Note:
    Total number of deliveries servied under RMI Title V during the FY 2007.

44. **Section Number:** II. Unduplicated Count by Ethnicity
    Field Name: DeliveriesTotal_TotalHispanic
    Row Name: Total Deliveries in State
    Column Name: Total Hispanic or Latino
    Year: 2009
    Field Note:
    Not applicable to the RMI.

45. **Section Number:** II. Unduplicated Count by Ethnicity
    Field Name: DeliveriesTotal_NotReported
    Row Name: Total Deliveries in State
    Column Name: Ethnicity Not Reported
    Year: 2009
    Field Note:
    Not applicable to the RMI.

46. **Section Number:** II. Unduplicated Count by Ethnicity
    Field Name: DeliveriesTotal_Mexican
    Row Name: Total Deliveries in State
    Column Name: Mexican
    Year: 2009
    Field Note:
    Not applicable to the RMI.

47. **Section Number:** II. Unduplicated Count by Ethnicity
    Field Name: DeliveriesTotal_Cuban
    Row Name: Total Deliveries in State
    Column Name: Cuban
    Year: 2009
    Field Note:
    N/A.

48. **Section Number:** II. Unduplicated Count by Ethnicity
    Field Name: DeliveriesTotal_PuertoRican
    Row Name: Total Deliveries in State

Column Name: Puerto Rican
Year: 2009
Field Note:
N/A.

49. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2009
Field Note:
N/A.

50. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2009
Field Note:
N/A.

51. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
This is the total deliveries in the RMI during FY 2007.

52. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Not applicabl to the RMI.

53. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Not applicalbe to the RMI.

54. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2009
Field Note:
Not applicble to the RMI.

55. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2009
Field Note:
N/A.

56. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2009
Field Note:
N/A.

57. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2009
Field Note:
N/A.

58. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2009
Field Note:
N/A.

59. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
RMI does not have Title XIX.

60. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Not applicable to the RMI.

61. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Not applicable to the RMI.

62. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2009
Field Note:
Not applicable to the RMI.

63. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2009
Field Note:
N/A.

64. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2009
Field Note:
N/A.

65. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2009
Field Note:
N/A.

66. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2009
Field Note:
N/A.

67. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
This includes these infants who have not reach one year old yet puls the 2007 newborns.

68. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Not applicable to the RMI.

69. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Not applicable to the RMI.

70. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2009
Field Note:
Not applicable to the RMI.

71. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2009
Field Note:
N/A.

72. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State

Column Name: Puerto Rican
Year: 2009
Field Note:
N/A.

73. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2009
Field Note:
N/A.

74. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2009
Field Note:
N/A.

75. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
The includes number of infants <1yr.old plus those born in 2007.

76. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Not applicabl eto the RMI.

77. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Not applicalbe to the RMI.

78. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2009
Field Note:
Not applicable to the RMI.

79. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2009
Field Note:
N/A.

80. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2009
Field Note:
N/A.

81. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2009
Field Note:
N/A.

82. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2009
Field Note:
N/A.

83. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
RMI does not have Title XIX.

84. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
RMI does not have Title XIX.

85. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Not applicable to the RMI.

86. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2009
Field Note:
Not applicable to the RMI.

87. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2009
Field Note:
N/A.

88. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2009
Field Note:
N/A.

89. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2009
Field Note:
N/A.

90. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2009
Field Note:
N/A.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MH

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	(692) 625-6941/4556941	(692) 625-6941/455-6941	(692) 625-6941		none
2. State MCH Toll-Free "Hotline" Name	Hellen Jetnil	Hellen Jetnil	Hellen Jetnil		none
3. Name of Contact Person for State MCH "Hotline"	Hellen Jetnil	Hellen Jetnil	Hellen Jetnil		none
4. Contact Person's Telephone Number	Hellen Jetni;l	Hellen Jetnil	Hellen Jetnil		none
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MH

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main
   Field Name: hnumber_2
   Row Name: State MCH toll-free hotline telephone number
   Column Name: FY
   Year: 2007
   Field Note:
   RMI does not have toll-free hotline telephone number. But the MCH Program has a direct telephone number which is available for both clinets to access the service and the program used.

2. **Section Number:** Main
   Field Name: hname_2
   Row Name: State MCH toll-free hotline name
   Column Name: FY
   Year: 2009
   Field Note:
   RMI does not have Toll-Free Number.

3. **Section Number:** Main
   Field Name: hname_2
   Row Name: State MCH toll-free hotline name
   Column Name: FY
   Year: 2007
   Field Note:
   RMI does not have Toll-Free Hotline. However, RMI MCH Program has its own direct that is used for both inter-net access and telephone number.

4. **Section Number:** Main
   Field Name: cname_2
   Row Name: Name of contact person for state MCH hotline
   Column Name: FY
   Year: 2007
   Field Note:
   Hellen Jetnil

5. **Section Number:** Main
   Field Name: cnumber_2
   Row Name: Contact Person's telephone number
   Column Name: FY
   Year: 2007
   Field Note:
   Hellen Jetnil
   (692) 625-6941

1. State MCH Administration:
(max 2500 characters)

The Constitution of the Marshall Islands designates the Ministry of Health (MOH) as the "state" agency. The MCH is the only legislatively authorized agency that provides health care to the people of the Marshall Islands.

<u>Block Grant Funds</u>

2. Federal Allocation (Line 1, Form 2)	$	252,495
3. Unobligated balance (Line 2, Form 2)	$	0
4. State Funds (Line 3, Form 2)	$	189,372
5. Local MCH Funds (Line 4, Form 2)	$	0
6. Other Funds (Line 5, Form 2)	$	0
7. Program Income (Line 6, Form 2)	$	0
8. Total Federal-State Partnership (Line 8, Form 2)	$	441,867

9. Most significant providers receiving MCH funds:

1 OB/GYN, 1 CNM, 2 Staff Nurse

3 Dental Assistant, 2 Health Educators

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,552
b. Infants < 1 year old	7,632
c. Children 1 to 22 years old	20,727
d. CSHCN	241
e. Others	

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct medical care and enabling services include clinical prenatal care and pap smears performed on pregnat women and of child bearing age women. In addition, STDs Testing (HIV/AID, GC, Syphillis, Chlamydia) and immunization (MMR, Hep.B., TOPV, DPT) are also made available through the public health division that administers these programs. These are also medical and surgical services available for children with special health care needs (CSHCN).

b. Population-Based Services:
(max 2500 characters)

In keeping with the Ministry of Health's shift to focus from curative to primary care, there has been renewed efforts to re-establish and strenghten population-based services. As a result, community puiblic health outreach programs, such as health education/awareness programs (in collaboration with Youth to Youth in Health) have been organized and implemented, and coordinated with other agencies, such as the Ministry of Education, Youth groups, Church Groups, and Women's groups. Services in immunization, Dental care, and the Diabetic Reversal program have been in therse programs.

c. Infrastructure Building Services:
(max 2500 characters)

The Ministry has implemented a national data-base to centralize the health and health-related data being composede of five modulers vertical programs in the ministry. The Ministry Information System (HMS), and finance, and per-medi9cal records, epidemiology and biostatistices, referrals, Benefits, Monitoring and Evaluation (ME), and finance, and personnel. The Ministry espected that combined with the renewed emphasis on data management, the HMIS will assist in improving the ministry data collection, dessimination, analysis, and reporting capabilities. This improving will directly benefit the MCH and CSHCN population.

12. The primary Title V Program contact person:	13. The children with special health care needs (CSHCN) contact person:
Name — Justina R. Langidrik, MPH	Name — Hellen Jetnil
Title — Secretary of Health	Title — Director, MCH/CSHCN Program
Address — P.O. Box 16	Address — P.O. Box 16
City — Majuro	City — Majuro
State — Marshall Islands	State — Marshall Islands
Zip — 96960	Zip — 96960
Phone — (692) 625-5660/7246	Phone — (692) 625-6941/455-6941
Fax — 692) 625-3432	Fax — (692) 625-3432

Email   jusmohe@ntamar.net   Email   davidh@ntamar.net

Web   Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,584	1,512	1,650	1,578	1,585
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	10	15	20	25	30
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.
Denominator	

Field Level Notes

1. **Section Number:** Performance Measure #1
   Field Name: PM01
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   This PM#1 is not applicable to the RMI since newborn has not implemented yet. But it is estimated that 175 have been provided screening as stated in this PM.

2. **Section Number:** Performance Measure #1
   Field Name: PM01
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   The data indicated here is estimated.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	9	9	9	9	9
Annual Indicator	100.0	100.0	100.0	90.8	100.0
Numerator	308	361	395	395	445
Denominator	308	361	395	435	445
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #2
   Field Name: PM02
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. **Section Number:** Performance Measure #2
   Field Name: PM02
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	308	361	395	435	445
Denominator	308	361	395	435	445
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #3
   Field Name: PM03
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. **Section Number:** Performance Measure #3
   Field Name: PM03
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	86	90	95
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	308	361	395	435	445
Denominator	308	361	395	435	445
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #4
   Field Name: PM04
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. **Section Number:** Performance Measure #4
   Field Name: PM04
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	85	90	95
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	308	361	395	435	445
Denominator	308	361	395	435	445

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #5
   Field Name: PM05
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. **Section Number:** Performance Measure #5
   Field Name: PM05
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	9	9	9	91	91
Annual Indicator	64.9	77.6	83.5	94.3	54.2
Numerator	200	280	330	410	241
Denominator	308	361	395	435	445
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	93	95	98	98	98
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Performance Measure #6
   Field Name: PM06
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. Section Number: Performance Measure #6
   Field Name: PM06
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	90	90	60	65	73
Annual Indicator	57.0	49.5	61.0	72.0	95.0
Numerator	1,984	1,435	925	1,152	1,524
Denominator	3,480	2,899	1,516	1,600	1,605
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	150	125	100	100	100
Annual Indicator	162.9	167.3	47.4	36.2	46.9
Numerator	258	253	93	71	93
Denominator	1,584	1,512	1,961	1,961	1,985
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	95	90	85	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #8
   Field Name: PM08
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Denominator is from ages 15-19 years old. Based on new EPPSO RMI Projected Population, 15-17 is not available.

2. **Section Number:** Performance Measure #8
   Field Name: PM08
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   Denominator is from ages 15-19 years old. Based on new EPPSO RMI Projected Population, 15-17 is not available.

3. **Section Number:** Performance Measure #8
   Field Name: PM08
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Denominator for 2005 was an estimate. Data is not available with the new EPPSO RMI Population Projection. Denominator is from female ages 15-19 years old.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	65	70	80	80	85
Annual Indicator	54.9	87.1	77.9	82.6	82.6
Numerator	1,161	1,842	1,643	1,743	1,743
Denominator	2,115	2,115	2,110	2,110	2,110

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	90	95	95	95	96
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	9	9	9	9	9
Annual Indicator	3.1	15.3	13.6	4.5	17.8
Numerator	1	5	3	1	4
Denominator	32,355	32,654	22,128	22,128	22,447

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	8	7	6	5	4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
With the new EPPSO RMI population demographics, population projection for 2005 is not available. We just estimated the figure for the denominator

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				70	75
Annual Indicator			99.5	97.1	97.1
Numerator			1,093	2,009	2,009
Denominator			1,099	2,069	2,069
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	20	25	30
Annual Indicator	13.1	11.4	16.1	19.2	15.6
Numerator	208	172	261	301	241
Denominator	1,592	1,512	1,625	1,568	1,548

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	35	40	45	45	45
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	100
Annual Indicator	0.0	0.0	100.0	100.0	100.0
Numerator	0	0	22,128	22,128	22,447
Denominator	32,355	32,654	22,128	22,128	22,447

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

	2003	2004	2005	2006	2007
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #13
   Field Name: PM13
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   The actual number shown here is based on the new population projection for RMI. 2007

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				0	10
Annual Indicator			0.0	4.2	4.2
Numerator			0	250	250
Denominator			5,993	5,993	5,993
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	15	15	20	25	26
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective					100
Annual Indicator				2.5	2.5
Numerator				40	40
Denominator				1,578	1,585
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #15
   Field Name: PM15
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Not applicable to the RMI since data for smoking pregnant women during the last 3 months of pregnancy is not being collected.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	15	15	9	9	8
Annual Indicator	26.8	133.3	46.8	218.4	215.3
Numerator	2	10	3	14	14
Denominator	7,454	7,501	6,409	6,410	6,502

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	200	200	190	190	190
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #16
   Field Name: PM16
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Denominator for 2005 is estimated. With the new EPPSO RMI Projected Population, 2005 data is not available.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	1.2	0.9	0.6	0.6	0.6
Numerator	19	13	10	9	10
Denominator	1,592	1,512	1,650	1,578	1,585

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #17
   Field Name: PM17
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Not applicble to the RMI since only two urban centers that provide all health care throughout the Republic.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	60	62	45	50	55
Annual Indicator	27.3	21.5	18.7	31.1	78.7
Numerator	432	325	309	491	1,248
Denominator	1,584	1,512	1,650	1,578	1,585

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

	2003	2004	2005	2006	2007
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	80	80	80	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Performance Measure #18
   Field Name: PM18
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Data for 2005 is only for Kwajalein and Outer Islands. There was no data available for Majuro Atoll for this year.

STATE PERFORMANCE MEASURE # 1

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				100	100
Annual Indicator	100.0	100.0	92.1	80.5	88.3
Numerator	1,251	1,584	1,520	1,271	1,400
Denominator	1,251	1,584	1,650	1,578	1,585
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** State Performance Measure #1
   Field Name: SM1
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Data shown here is based only on Majuro clinics.

STATE PERFORMANCE MEASURE # 2

The birth rate(per 1,000) for teenagers age 15-17

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				20	15
Annual Indicator	32.1	30.3	47.4	36.2	46.9
Numerator	258	253	93	71	93
Denominator	8,040	8,363	1,961	1,961	1,985
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	5	5	4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are				
Denominator	not required for future year data.				

Field Level Notes

1. **Section Number:** State Performance Measure #2
   Field Name: SM2
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Denominator for 2005 was an estimate. Data is not available with the new EPPSO RMI Population Projection. Denominator is from female ages 15-19 years old.

2. **Section Number:** State Performance Measure #2
   Field Name: SM2
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   Denominator for 2005 was an estimate. Data is not available with the new EPPSO RMI Population Projection. Denominator is from female ages 15-19 years old.

3. **Section Number:** State Performance Measure #2
   Field Name: SM2
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Denominator for 2005 was an estimate. Data is not available with the new EPPSO RMI Population Projection. Denominator is from female ages 15-19 years old.

STATE PERFORMANCE MEASURE # 3

The Percentage of pregnant women who receive prenatal care during the first trimester.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective					70
Annual Indicator			18.7	31.1	78.7
Numerator			309	491	1,248
Denominator			1,650	1,578	1,585
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	73	75	75	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** State Performance Measure #3
   Field Name: SM3
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Data shown here is based only on Majuro clinics.

2. **Section Number:** State Performance Measure #3
   Field Name: SM3
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Data for 2005 is only for Kwajalein and Outer Islands. There was no data available for Majuro Atoll for this year.

STATE PERFORMANCE MEASURE # 4

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				100	95
Annual Indicator	11.2	25.4	12.8	14.2	27.2
Numerator	146	298	145	144	245
Denominator	1,309	1,175	1,136	1,013	900
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	90	85	80	80	80
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** State Performance Measure #4
   Field Name: SM4
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   There is different notice in data here since it is focused only on Majuro clinics.

STATE PERFORMANCE MEASURE # 5

The number of women who are screened for cervical cancer.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				100	100
Annual Indicator	82.7	98.1	96.7	64.2	69.3
Numerator	1,034	1,431	1,596	1,013	1,099
Denominator	1,251	1,458	1,650	1,578	1,585
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** State Performance Measure #5
   Field Name: SM5
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Data here reflects on Majuro clinics.

STATE PERFORMANCE MEASURE # 6

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective					100
Annual Indicator			100.0	100.0	100.0
Numerator			395	435	445
Denominator			395	435	445
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #6
   Field Name: SM6
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   This is only reflects data from Majuro.

STATE PERFORMANCE MEASURE # 7

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				80	85
Annual Indicator	54.9	87.1	77.9	82.6	99.3
Numerator	1,161	1,842	1,643	1,743	1,355
Denominator	2,115	2,115	2,110	2,110	1,365
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	85	90	90	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

Form Level Notes for Form 12

Data is not available, therefore data will be reported in the next reporing cycle.

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	25	25	25	25	25
Annual Indicator	25.3	17.9	20.0	24.1	23.3
Numerator	40	27	33	38	37
Denominator	1,584	1,512	1,650	1,578	1,585

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

	2003	2004	2005	2006	2007
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	25	10	10	9	29
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN			
Numerator	0	0			
Denominator	0	0			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	9	9	8	9	9
Annual Indicator	22.0	8.6	14.5	12.7	0.0
Numerator	35	13	24	20	0
Denominator	1,592	1,512	1,650	1,578	1,585

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	9	9	7	7	6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Outcome Measure 3
   Field Name: OM03
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   The numbers of infant death was compiled by adding all the reported infant death in all the atolls of RMI. But a number of infant death was not registered as of this time. The Office of Health Planning and Statistics at don't have the details on the specific month of age. Registration is still on going.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	7	7	6	6	6
Annual Indicator	7.5	9.3	5.5	11.4	0.0
Numerator	12	14	9	18	0
Denominator	1,592	1,512	1,650	1,578	1,585

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	6	6			
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Outcome Measure 4
   Field Name: OM04
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   The numbers of infant death was compiled by adding all the reported infant death in all the atolls of RMI. But a number of infant death was not registered as of this time. The Office of Health Planning and Statistics at don't have the details on the specific month of age. Registration is still on going.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2003	**2004**	**2005**	**2006**	**2007**
Annual Performance Objective	20	20	20	19	19
Annual Indicator	37.7	26.5	15.2	26.0	18.3
Numerator	60	40	25	41	29
Denominator	1,592	1,512	1,650	1,578	1,585

**Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.**
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	22	21	20	20	20
Annual Indicator	90.7	80.8	92.8	97.3	100.7
Numerator	20	18	19	20	21
Denominator	22,052	22,281	20,478	20,550	20,862
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MH

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

    2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

    3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

    3

4. Family members are involved in service training of CSHCN staff and providers.

    3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

    2

6. Family members of diverse cultures are involved in all of the above activities.

    1

Total Score: 14

Rating Key
0 = Not Met
1 = Partially Met
2 = Mostly Met
3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase ,list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To continue to reduce infant mortality rates.
2. To reduce the rates of teen pregnancy.
3. To increase rates of prenatal visits during the first half of pregnancy(up to 5 months of pregnancy), "and" To increase the rate of prenatal during the first trimester (first 3 months) of pregnancy.
4. To reduce the rates of neonatal mortality and morbidity, 'and" To reduce the infant mortality rates.
5. To increase access to preventive services for women who are at risk for cancer.
6. To reduce the rates of sexually transmitted diseases among women of child-bearing age.
7. To strengthen the Health Information System to provide essential data to strengthen health care services focusing on preventive services. Discontinued this needs as actual data is not easily available.
8. To improve accessibility to the MCH/CSHCN services for children 0-21 years and their families.
9. To improve preventive services for school children in dental services, immunization and nutrition education, "and" To improve preventive services for school children in dental care.
10. To develop and implement new born hearing screening .

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

STATE: MH   **APPLICATION YEAR: 2009**

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested *(max 250 characters)*	Reason(s) Why Assistance Is Needed *(max 250 characters)*	What State, Organization or Individual Would You suggest Provide the TA (if known) *(max 250 characters)*
1.	**Data-related Issues - Data Systems Development** If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	CSHCN Data Base/Tacking System	Because, we do not have data base for CSHCN and tacking syste(the data base before has been lost due to computer break down.	HRSA Staff.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

SP # _____1_____

PERFORMANCE MEASURE: Percentage of mothers who receive nutrition and family planning counseling during prenatal care

STATUS: Active

GOAL Increase to 90% mothers who receive nutiriton and family planning counselling during prenatal care visits

DEFINITION

Numerator:
Total number of mothers who receive nutrition and family planning counseling during prenatal care visits

Denominator:
Total number of mothers who attend prenatal care clinics

Units: 100 **Text:** percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES MCH Program, Outpatient prenatal care visits, Medical Records, HMIS

SIGNIFICANCE Child hood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counselling on nutrition and family planning and their effects on their lives and the lives of their children.

SP #   2

PERFORMANCE MEASURE: The birth rate(per 1,000) for teenagers age 15-17

STATUS: Active

GOAL   To lower the birth rate among teenagers, especially those age 15 through 17 years.

DEFINITION

Numerator:
Number of live birth to teenagers aged 15-17 in the calender year.

Denominator:
Number of females aged 15-17 years int he calender year.

Units: 1000   **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE   Objective 9-7
Reduce pregnancies among females aged 15-17 to no more than 10 per 1,000 females aged 15-17 years. Based line: 17 pregnancies per 1,000 females aged 15-17 years in 2004.

DATA SOURCES AND DATA ISSUES   Vital records are the source of data on mother's age and births. Population records are available from the Census.

SIGNIFICANCE   The country is making lowering the rate of teen pregnancies(a major threat to healthy and productive lives) a peiority goal in its strategic plan. Teen parenting is asociated with the lack of high school completion and initiating a cycle of poverty for mothers

SP # ___3___

PERFORMANCE MEASURE: The Percentage of pregnant women who receive prenatal care during the first trimester.

STATUS: Active

GOAL To ensure early entrance into prenatal care to enhance pregnancy outcome.

DEFINITION

Numerator:
Number of live births with reported first prenatal visit during the first trimester (before 13 weeks = gestation) in the calendar year.

Denominator:
Number of live births in the State in the calendar year.

Units: 100   **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE 16-16a: Increaseproportion of pregnant women who receive early a
Increase proportion of pregnant women who receive early and adequate pernatal care beginning in the first trimester of pregnancy to 85 percent. (Baseline 32 percent in 2004.)

DATA SOURCES AND DATA ISSUES Birth certificate data ub tge State vital records are available for over 99% of birth.

SIGNIFICANCE Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reason for first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen be specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes.

SP #   4

PERFORMANCE MEASURE: The percentage of high risk pregnant women who are identified and are referred to special prenatal services

STATUS: Active

GOAL   To identify expectant mothers who are at high risk for complications that could endanger their lives and their babies during their pregancy or delivery.

DEFINITION

Numerator:
Total number of identified hign risk women who are referred

Denominator:
The total number of high risk women who are identified

Units: 100   **Text:** per centage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES   MCH Program, Medical Records, HMIS

SIGNIFICANCE   The MCH program has seen an increasing number of preganant women during prenatal visits who are at high risk for complications during their pregancy or delivery. These high risks include expectant mothers being identified as anemic, diabetic, or hypertensive.

SP # 5

PERFORMANCE MEASURE:	The number of women who are screened for cervical cancer.
STATUS:	Active
GOAL	To increase the number of women who receives Pap smear screening so that those who need treatment and subsquent follow-up can be identified
DEFINITION	

Numerator:
The total number of women who receive Pap smear screening

Denominator:
The total number of women who needs a Pap smear

Units: 100   **Text:** per centage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	MCH Program, Family Planning, Outpatient data, HMIS, Medical Records
SIGNIFICANCE	With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

SP #   6

PERFORMANCE MEASURE: Proportion of children who are identified and referred to the Children with Special Health Care Needs program

STATUS: Active

GOAL   To increase the number of children who are identified to need special health care needs to be referred to the Children with Special Health Care Needs program

DEFINITION

Numerator:
Total number of children identified as needing special health care needs who were referred to the CSHCN program

Denominator:
Total numberof children identified with abnormalities needing special health care

Units: 100   **Text:** percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES   CSHCN Program, Maternity Logs, Nursing Log, HMIS

SIGNIFICANCE   The Marshall Islands is in the process of developing a protocol on screening all infants born in the Ministry's health facilities and a mechanism to screen children in the urban centers and outer island communities

SP #_____7_____

PERFORMANCE MEASURE:	Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
STATUS:	Active
GOAL	To prevent pit and fussure tooth decay (dental caries).
DEFINITION	.

Numerator:
Number of third grade children who have a protective sealant on at least one permanent molar tooth.

Denominator:
Number of third grade children in the State during the year.

Units: 100   **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE	21.8 Increase the proportion of children who have received dental sealants on their molar teeth to 50 percent. Baseline: will provide next cycle.
DATA SOURCES AND DATA ISSUES	This requires primary data collection, such as examination or screening of a representative sample of school children. Existing will be re-examed for baseline.
SIGNIFICANCE	Dental caries affects two-thrid of children by the time they are 15 years of age. Developmental irregularities, called pit and fussures, are the sites of 80-90% of childhood caries. Sealants selectively protect these vulnerable sites, which are found mostly in permanent molar teeth. Targeting sealants to those at greater risk for caries has been shown to increase their cost-effectiveness. Although sealants have the potential to combine with fluorides to prevent almost all childhood tooth decay, they have been underutilized. In addition to being an excellent service in preventing tooth decay, sealants may also be a surrogate indicator of dental access, oral health promotion and preventive activities, and a suitable means to assess the linkages that exist between the public and private services delivery system. public managed sealant programs are usually school-based or school-linked and target under served children, thus providing occasions that dental sealants are the oral health eqivalent of immunization.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	357.1	595.3	239.3	235.2	233.3
Numerator	314	527	213	214	210
Denominator	8,792	8,853	8,900	9,100	9,000
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1,584	1,650	1,578	1,585
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02
   Field Name: HSC02
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Not applicable to the RMI since RMI does not have Medicaid.

2. **Section Number:** Health Systems Capacity Indicator #02
   Field Name: HSC02
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   Not applicable to the RMI since we do not have Medicaid.

3. **Section Number:** Health Systems Capacity Indicator #02
   Field Name: HSC02
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Not Applicable for the RMI since no Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2003	**2004**	**2005**	**2006**	**2007**
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,251	1,584	1,650	1,578	1,585
Check this box if you cannot report the numerator because **1. There are fewer than 5 events over the last year, and** **2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.** *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #03
   Field Name: HSC03
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   RMI does not Have SCHIP.

2. **Section Number:** Health Systems Capacity Indicator #03
   Field Name: HSC03
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   Not applicable to the RMi since RMI does not eligible for SCHIP.

3. **Section Number:** Health Systems Capacity Indicator #03
   Field Name: HSC03
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   It does not apply for the RMI.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	34.5	17.7	18.4	30.9	78.6
Numerator	432	280	302	486	1,238
Denominator	1,251	1,584	1,643	1,573	1,575
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #04
   Field Name: HSC04
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

2. **Section Number:** Health Systems Capacity Indicator #04
   Field Name: HSC04
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   This is estimated, since the it is based only on Majuro Clinic log book and prenatal entry data.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	22,052	22,281	23,906	25,574	2,557
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A
   Field Name: HSC07A
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   RMI does not have Medicaid Program.

2. **Section Number:** Health Systems Capacity Indicator #07A
   Field Name: HSC07A
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   Not applicable to the RMI since RMI does not have Medicaid Program.

3. **Section Number:** Health Systems Capacity Indicator #07A
   Field Name: HSC07A
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Not Applicable for the RMI since it does not apply in RMI.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2003	**2004**	**2005**	**2006**	**2007**
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	7,207	7,619	7,619	8,121	8,121
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07B
   Field Name: HSC07B
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   RMI does not have EPSDT.

2. **Section Number:** Health Systems Capacity Indicator #07B
   Field Name: HSC07B
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   Not applicable to the RMI since RMI does not eligible to EPSDT.

3. **Section Number:** Health Systems Capacity Indicator #07B
   Field Name: HSC07B
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Not applicable to the RMI since RMI is not eligible under the Compact of Free Association with the U.S.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2003	**2004**	**2005**	**2006**	**2007**
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,251	1,548	1,625	1,720	1,720
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #08
   Field Name: HSC08
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   RMI does not have SSI. Data is based on 2006.

2. **Section Number:** Health Systems Capacity Indicator #08
   Field Name: HSC08
   Row Name:
   Column Name:
   Year: 2006
   Field Note:
   Not applicable to the RMI since RMI does not have SSI.

3. **Section Number:** Health Systems Capacity Indicator #08
   Field Name: HSC08
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Not applicable to the RMI since it does not have SSI.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MH

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	**NON-MEDICAID**	**ALL**
a) *Percent of low birth weight (< 2,500 grams)*	2007	Other	0	70	70
b) *Infant deaths per 1,000 live births*	2007	Other	0	37	37
c) *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*	2007	Other	0	80.4	80.4
d) *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*	2007	Other	0	80.4	80.4

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MH

INDICATOR #06 *The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.*	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) *Infants (0 to 1)*	2007	————
b) *Medicaid Children* (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		———— ———— ————
c) *Pregnant Women*	2007	————

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MH

INDICATOR #06 *The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.*	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) *Infants (0 to 1)*	2007	————
b) *Medicaid Children* (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		———— ———— ————
c) *Pregnant Women*	2007	————

FORM NOTES FOR FORM 18

HSC#06 does not apply to the RMI since RMI is eligible for Medicaid Programs.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
   Field Name: Med_Infant
   Row Name: Infants
   Column Name:
   Year: 2009
   Field Note:
   RMI does not eligible to Medicaid.

2. **Section Number:** Indicator 06 - Medicaid
   Field Name: Med_Children
   Row Name: Medicaid Children
   Column Name:
   Year: 2009
   Field Note:
   Not applicabl to the RMI.

3. **Section Number:** Indicator 06 - Medicaid
   Field Name: Med_Women
   Row Name: Pregnant Women
   Column Name:
   Year: 2009
   Field Note:
   Not applicable to the RMI.

4. **Section Number:** Indicator 06 - SCHIP
   Field Name: SCHIP_Infant
   Row Name: Infants
   Column Name:
   Year: 2009
   Field Note:
   RMI does not eligible for SCHIP.

5. **Section Number:** Indicator 06 - SCHIP
   Field Name: SCHIP_Children
   Row Name: SCHIP Children
   Column Name:
   Year: 2009
   Field Note:
   Not applicable tot he RMI.

6. **Section Number:** Indicator 06 - SCHIP
   Field Name: SCHIP_Women
   Row Name: Pregnant Women
   Column Name:
   Year: 2009
   Field Note:
   Not applicable to the RMI.

7. **Section Number:** Indicator 05
   Field Name: LowBirthWeight
   Row Name: Percent of ow birth weight (<2,500 grams)
   Column Name:
   Year: 2009
   Field Note:
   Birth record/log book and birth certicificates.

8. **Section Number:** Indicator 05
   Field Name: InfantDeath
   Row Name: Infant deaths per 1,000 live births
   Column Name:
   Year: 2009
   Field Note:
   Medical Records.

9. **Section Number:** Indicator 05
   Field Name: CareFirstTrimester
   Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
   Column Name:
   Year: 2009
   Field Note:
   Prenatal chartsDelivery charts and medical records.

10. **Section Number:** Indicator 05
    Field Name: AdequateCare
    Row Name: Percent of pregnant women with adequate prenatal care
    Column Name:
    Year: 2009
    Field Note:
    Prenatal records.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MH

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Informatioin)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES **Annual linkage of infant birth and infant death certificates**	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS **Hospital discharge survey for at least 90% of in-State discharges**	2	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MH

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is <u>not</u> large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR <u>#09B</u> was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	11.9	12.4	13.2	14.6	14.6
Numerator	189	188	214	230	227
Denominator	1,584	1,512	1,625	1,578	1,552
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	13.3	10.9	12.6	13.1	13.5
Numerator	208	172	204	206	210
Denominator	1,564	1,584	1,625	1,578	1,552
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	1.2	0.9	1.7	3.1	3.5
Numerator	19	13	28	49	55
Denominator	1,592	1,512	1,650	1,578	1,552
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	1.2	0.6	1.7	2.9	2.5
Numerator	18	9	28	46	39
Denominator	1,564	1,486	1,650	1,578	1,552
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	3.1	15.3	9.5	4.7	23.2
Numerator	1	5	2	1	5
Denominator	32,365	32,654	21,161	21,361	21,597
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03A
   Field Name: HSI03A
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Based on 2006.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	3.1	15.3	9.5	4.7	18.5
Numerator	1	5	2	1	4
Denominator	32,365	32,654	21,161	21,361	21,597
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03B
   Field Name: HSI03B
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   The denominator for FY 2007 is slightly lower than 2006 because of the new RMI total population figure.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	6.3	30.4	7.8	0.0	0.0
Numerator	1	5	1	0	0
Denominator	15,783	16,429	12,800	12,782	12,762
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03C
   Field Name: HSI03C
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Based on 2006.

2. **Section Number:** Health Status Indicator #03C
   Field Name: HSI03C
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   For the denominator of 2005, data was estimated. Data was unavailable.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	9.1	44.9	94.3	112.4	217.6
Numerator	1	5	20	24	47
Denominator	11,030	11,147	21,200	21,361	21,597
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04A
   Field Name: HSI04A
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Based on 2006 data.

2. **Section Number:** Health Status Indicator #04A
   Field Name: HSI04A
   Row Name:
   Column Name:
   Year: 2005
   Field Note:
   Denominator for 2005 is estimated. Data is unavailable.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	3.1	15.3	18.9	0.0	4.6
Numerator	1	5	4	0	1
Denominator	32,365	32,654	21,200	21,361	21,597
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04B
   Field Name: HSI04B
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Data 2006.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	6.3	30.4	23.4	23.5	15.7
Numerator	1	5	3	3	2
Denominator	15,783	16,429	12,802	12,782	12,762
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04C
   Field Name: HSI04C
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Based on 2006.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

		Annual Indicator Data			
	2003	**2004**	**2005**	**2006**	**2007**
Annual Indicator	3.2	2.2	169.2	140.1	73.6
Numerator	27	19	44	29	12
Denominator	8,363	8,822	260	207	163
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #05A
   Field Name: HSI05A
   Row Name:
   Column Name:
   Year: 2007
   Field Note:
   Please, notice that the numeratorm here = total # of positive (=) cases
   Denominator is = total # of tests performed

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

Annual Indicator Data

	2003	2004	2005	2006	2007
Annual Indicator	2.4	10.3	144.9	109.8	37.3
Numerator	27	123	51	37	9
Denominator	11,456	11,972	352	337	241
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007   Is this data from a State Projection? No   Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	7,632	0	0	0	0	7,632	0	0
Children 1 through 4	7,297	0	0	0	0	7,297	0	0
Children 5 through 9	6,668	0	0	0	0	6,668	0	0
Children 10 through 14	6,568	0	0	0	0	6,568	0	0
Children 15 through 19	6,194	0	0	0	0	6,194	0	0
Children 20 through 24	3,949	0	0	0	0	3,949	0	0
Children 0 through 24	38,308	0	0	0	0	38,308	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	7,632	0	0
Children 1 through 4	7,297	0	0
Children 5 through 9	6,668	0	0
Children 10 through 14	6,568	0	0
Children 15 through 19	6,194	0	0
Children 20 through 24	3,949	0	0
Children 0 through 24	38,308	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007　　Is this data from a State Projection? Yes　　Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	10,491	0	0	0	0	10,491	0	0
Women 15 through 17	3,189	0	0	0	0	3,189	0	0
Women 18 through 19	2,979	0	0	0	0	2,979	0	0
Women 20 through 34	4,354	0	0	0	0	4,354	0	0
Women 35 or older	4,757	0	0	0	0	4,757	0	0
Women of all ages	25,770	0	0	0	0	25,770	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	10,491	0	0
Women 15 through 17	3,189	0	0
Women 18 through 19	2,979	0	0
Women 20 through 34	4,354	0	0
Women 35 or older	4,757	0	0
Women of all ages	25,770	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #08A - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

For both parts A and B: Reporting Year: 2007   Is this data from a State Projection? Yes   Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	37	0	0	0	0	37	0	0
Children 1 through 4	13	0	0	0	0	13	0	0
Children 5 through 9	4	0	0	0	0	4	0	0
Children 10 through 14	4	0	0	0	0	4	0	0
Children 15 through 19	5	0	0	0	0	5	0	0
Children 20 through 24	6	0	0	0	0	6	0	0
Children 0 through 24	69	0	0	0	0	69	0	0

HSI #08B - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)*

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	37	0	0
Children 1 through 4	13	0	0
Children 5 through 9	4	0	0
Children 10 through 14	4	0	0
Children 15 through 19	5	0	0
Children 20 through 24	6	0	0
Children 0 through 24	69	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	28,165	0.0	0.0	0.0	0.0	28,165.0	0.0	0.0	2007
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in Medicaid	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in SCHIP	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number living in foster home care	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in food stamp program	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in WIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity.(Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	28,165.0	0.0	0.0	2007
Percent in household headed by single parent	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	2007
Number enrolled in Medicaid	0.0	0.0	0.0	2007
Number enrolled in SCHIP	0.0	0.0	0.0	2007
Number living in foster home care	0.0	0.0	0.0	2007
Number enrolled in food stamp program	0.0	0.0	0.0	2007
Number enrolled in WIC	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007   Is this data from a State Projection? Yes   Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	22,475
Living in rural areas	5,293
Living in frontier areas	0
Total - all children 0 through 19	27,768

Note:
The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007   Is this data from a State Projection? Yes   Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	52,338.0
Percent Below: 50% of poverty	2.0
100% of poverty	56.0
200% of poverty	70.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007   Is this data from a State Projection? Yes   Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	28,275.0
Percent Below: 50% of poverty	45.0
100% of poverty	100.0
200% of poverty	100.0

FORM NOTES FOR FORM 21

The RMI Age Group is a little different from the age group state here. Up date on age group based on these categoried will be provided next reporting cycle.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06A
   Field Name: S06_Race_Children1to4
   Row Name: children 1 through 4
   Column Name:
   Year: 2009
   Field Note:
   The age group here is based on RMI National Agr Group Distribution which 1-5 age group.

2. **Section Number:** Indicator 06A
   Field Name: S06_Race_Children5to9
   Row Name: children 5 through 9
   Column Name:
   Year: 2009
   Field Note:
   RMI Age group here 6-10.

3. **Section Number:** Indicator 09A
   Field Name: HSIRace_SingleParentPercent
   Row Name: Percent in household headed by single parent
   Column Name:
   Year: 2009
   Field Note:
   Data will be provided in the next cycle since it is not available yet.

4. **Section Number:** Indicator 09A
   Field Name: HSIRace_TANFPercent
   Row Name: Percent in TANF (Grant) families
   Column Name:
   Year: 2009
   Field Note:
   Data is not available, but RMI plans to provide in the next reporting cycle.

5. **Section Number:** Indicator 09A
   Field Name: HSIRace_MedicaidNo
   Row Name: Number enrolled in Medicaid
   Column Name:
   Year: 2009
   Field Note:
   It is difficult to provide date on this indicator since RMI is not eligible to Medicad.

6. **Section Number:** Indicator 09A
   Field Name: HSIRace_SCHIPNo
   Row Name: Number enrolled in SCHIP
   Column Name:
   Year: 2009
   Field Note:
   Not applicable to the RMI since RMI does not eligible for SCHIP.

7. **Section Number:** Indicator 09A
   Field Name: HSIRace_FoodStampNo
   Row Name: Number enrolled in food stamp program
   Column Name:
   Year: 2009
   Field Note:
   RMI does not eligible for food stamp program.

8. **Section Number:** Indicator 09A
   Field Name: HSIRace_WICNo
   Row Name: Number enrolled in WIC
   Column Name:
   Year: 2009
   Field Note:
   RMI does not eligible for WIC.

9. **Section Number:** Indicator 09A
   Field Name: HSIRace_JuvenileCrimeRate
   Row Name: Rate (per 100,000) of juvenile crime arrests
   Column Name:
   Year: 2009
   Field Note:
   Data is not available yet but will be provided in the next report.

10. **Section Number:** Indicator 09A
    Field Name: HSIRace_DropOutPercent
    Row Name: Percentage of high school drop-outs (grade 9 through 12)
    Column Name:
    Year: 2009
    Field Note:
    Data for Indicaor #09-A will be provided as soon as it is available.

11. **Section Number:** Indicator 09B
    Field Name: HSIEthnicity_SingleParentPercent
    Row Name: Percent in household headed by single parent
    Column Name:
    Year: 2009
    Field Note:
    Data will be provided in the next reporting cycle since it is not availabe yet.

12. **Section Number:** Indicator 09B
    Field Name: HSIEthnicity_TANFPercent
    Row Name: Percent in TANF (Grant) families

Column Name:
Year: 2009
Field Note:
Data is not available but plans is to make it avaiable for the next cycle.

13. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2009
Field Note:
RMiI is not eligible for Medicaid.

14. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2009
Field Note:
RMI does not have SCHIP.

15. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2009
Field Note:
RMI is not eligible for food stamp program.

16. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2009
Field Note:
RMI does not have WIC.

17. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
Data will be provided in the next reporting cycle when data will available.

18. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2009
Field Note:
Data will make it available as soon as we receive from Ministry of Education.

19. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2009
Field Note:
RMI does not have foster home care.

20. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2009
Field Note:
RMI does not have foster home care.